

General Relief (GR) Program Guide (PG) Letter #68

December 19, 2011

Subject	CASE CLOSING PROCEDURES AND APPEALS UPDATES
Effective	Upon receipt.
References	County Policy
Purpose	<p>The purpose of this Letter is to provide updated instructions:</p> <ul style="list-style-type: none">• when closing a GR case; and• for GR appeals.
Background	<p>When the GR case closes and the recipient has an address or an overpayment more than \$600, the worker completes form 11-4 HHSA (ATTACHMENT A) and sends it to the Office of Revenue and Recovery (ORR). For homeless clients without an overpayment over \$600, the worker completes form 11-4 HHSA but does not send it to ORR. Interim Assistance Reimbursements are handled differently.</p> <p>GR applicants/recipients who disagree with the actions on their case may request a County Hearing.</p>
Highlighted Changes	<p>New procedures are being added to inform the recipient of the amount of GR aid that must be repaid to the County. This notification must be sent when completing the case closing activities.</p> <p>The Pre-Hearing process is addressed in the Pre-Hearing Review Requirements Eligibility Operations Guide (EOG). Also, requirements have been added for situations in which the Hearing Officer may need more information than what was provided in the Hearing and the individual with that information is not available to testify in person or by phone during the Hearing. Requirements for the admission of evidence, and identification of the Hearing Officer have been added.</p>
Case Closing Procedures	<p>Form 11-4 HHSA (ATTACHMENT A) has been revised. It is now a single page. The computation page that was Page 2 is now a separate spreadsheet [form 11-117 HHSA (ATTACHMENT B)]. This spreadsheet is located at S:\ENTERPRISE\QR Excel Spreadsheet\GR Aid Owed Worksheet. Two copies of this spreadsheet must be printed. The first copy will accompany form 11-4 HHSA when</p>

forwarded to ORR. The second will be attached to the new informing notice. This informing notice, 11-116 HHSA (ATTACHMENT C) informs the recipient of the amount of GR aid that they owe. It also provides documentation of this amount and a definite time of notification for appeals. The 11-116 HHSA must be completed at the same time as the 11-4 HHSA and must be imaged to the case as stated below in Imaging Impact and sent to the recipient.

Pre-Hearing Activities

Workers and Supervisors must follow the requirements in the [Pre-Hearing Review Requirements EOG](#).

Hearing Officer

The GR Hearing Officer is a Program Specialist assigned to the Appeals Section.

Admission of Evidence

The Hearing Officer will review the case file and admit items into evidence during the Hearing with a detailed description (for example, narratives from March 1, 2011 through May 30, 2011. Notice of Action (NOA) dated May 20, 2011). Copies of this information may be provided to the client or their representative (with the exception of the items that by rule are not to be provided).

Additional Information Needed

If additional information is needed and the witness is not available during the Hearing, the Hearing Officer will request the information in writing and copy the client or representative on the request and the response. There will be no phone calls or other gathering of information outside of the Hearing. The client or representative will be allowed the opportunity to respond to or refute the additional information that was obtained. If needed, a continued Hearing could be scheduled.

Automation Impact

No impact.

Forms Impact

Forms 11-4 HHSA and 11-116 HHSA have been uploaded in to Xerox Print Services and are available to be ordered. The current stock of form 11-4 HHSA may be depleted before ordering the new 11-4 HHSA. Form 11-117 HHSA is available on the Shared drive as stated above.

Form 03-9 HHSA is now obsolete due to the procedures in the [Pre-Hearing Review Requirements EOG](#).

**ACCESS
Impact**

No impact.

**Imaging
Impact**

Form 11-116 HHSA will be imaged using template 16-140, Notices of Action, and form 11-117 HHSA will be imaged using template 16-139, Benefit Recovery, until the form has been added to DoReS. No impact for 11-4 HHSA.

**Other
Program
Impact**

No impact.

**Quality
Assurance
Impact**

Effective with the January 2012 review month, Quality Assurance will cite with the appropriate error any case that does not follow the requirements of this Letter.

**Summary of
Changes**

The table below shows the changes to the GRPG.

Section	Changes
<u>90-600.8</u>	Updated case closing procedures.
<u>90-900.1</u>	Added Hearing Officer information.
<u>90-900.2</u>	<ul style="list-style-type: none">• Removed reference to 03-9 HHSA.• Added reference to EOG.
<u>90-900.3</u>	Added instructions for obtaining additional information.
<u>90-900</u> <u>Appendix B</u>	Removed example of form 03-9 HHSA.

**Manager
Approval**

ORIGINAL SIGNED BY:

Kim Forrester, Assistant Deputy Director
Administrative Support
Strategic Planning and Operational Support

ORIGINAL SIGNED BY:

Sylvia Melena, Assistant Deputy Director
Self-Sufficiency County Programs
Strategic Planning and Operational Support

Signature of Person Completing Form	Date	Eligibility Supervisor	Date
11-4 HHSA GR REVENUE AND RECOVERY ACCOUNTS RECEIVABLE (7/11)		ATTACHMENT A	

GR AID OWED WORKSHEET

Case Number (Número del Caso) _____

Case Name (Nombre del Caso) _____

Clear All

[illegible]

Total GR Aid Issued (Cantidad Total de Asistencia General Emitida)	0
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Total Work Project Credit (Credito de Proyecto de Trabajo)	0
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Net GR Amount Owed (Cantidad Neta de Asistencia General que Debe)	0
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NOTICE OF ACTION
General Relief Repayment Notice

COUNTY OF SAN DIEGO

HEALTH AND HUMAN SERVICES AGENCY

NOTICE DATE
CASE NAME
NUMBER

WORKER NAME
NUMBER
TELEPHONE
ADDRESS

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YOU SIGNED AN AGREEMENT ON _____ TO REPAY SAN DIEGO COUNTY FOR ALL GENERAL RELIEF (GR) BENEFITS RECEIVED. THE SAN DIEGO COUNTY OFFICE OF REVENUE AND RECOVERY (ORR) WILL CONTACT YOU WITHIN SIXTY (60) DAYS FROM THE DATE OF THIS NOTICE. IF ORR HAS NOT CONTACTED YOU WITHIN SIXTY (60) DAYS TO MAKE ARRANGEMENTS FOR REPAYMENT, YOU MAY CALL THEM AT (619) 515-6200. ORR'S ADDRESS IS 9150 CHESAPEAKE DRIVE, SUITE 200, SAN DIEGO, CA 92123. **PLEASE DO NOT CONTACT ORR UNTIL SIXTY (60) DAYS AFTER YOU RECEIVE THIS NOTICE BECAUSE THEY WILL NOT HAVE YOUR RECORDS AND WILL BE UNABLE TO ASSIST YOU.**

THE INFORMATION ON THE ATTACHMENT SHOWS THE AMOUNT YOU RECEIVED, ANY APPLICABLE CREDITS, AND THE AMOUNT TO BE REPAYED. AN ADDITIONAL AMOUNT MAY BE OWED IF YOU HAVE AN UNPAID BILL FROM A TIME YOU PREVIOUSLY RECEIVED ASSISTANCE.

IF YOU DISAGREE WITH THE AMOUNT TO BE REPAYED, YOU MAY REQUEST A HEARING.

HOW TO ASK FOR A HEARING

THE LAST DAY YOU MAY REQUEST A HEARING IS 10 DAYS AFTER THE DATE OF THIS NOTICE. YOUR WORKER CAN HELP YOU ASK FOR A HEARING.

TO ASK FOR A HEARING, WRITE OR CALL THE "GR CALENDAR CLERK" AT THE HHSA APPEALS SECTION.

GR CALENDAR CLERK
4990 VIEWRIDGE AVENUE
SAN DIEGO, CA 92113
TELEPHONE (858) 514-6887

IF YOU ASK FOR A HEARING, YOU HAVE THE RIGHT TO LOOK AT YOUR FILE, LOOK AT THE RULES THE COUNTY USED IN YOUR CASE, BRING WITNESSES, TELL YOUR SIDE OF THE CASE, CROSS-EXAMINE THE COUNTY'S WITNESSES, AND HAVE SOMEONE REPRESENT YOU AT THE HEARING. FOR FREE LEGAL ASSISTANCE, YOU CAN CALL THE LEGAL AID SOCIETY AT (877) 534-2524.

YOU MUST BE ON TIME FOR THE HEARING. IF YOU ARE MORE THAN 15 MINUTES LATE, YOU MAY LOSE YOUR CASE. IF YOU CANNOT ATTEND YOUR HEARING, YOU MUST CALL TO POSTPONE.

NOTIFICATION DE ACCION CONDADO DE SAN DIEGO AGENCIA DE SALUD Y SERVICIOS HUMANOS
Notificación de Reembolso de la Ayuda de Asistencia General

FECHA DE LA NOTIFICACION
NOMBRE DEL CASO
NUMERO DEL CASO

NOMBRE DEL TRABAJADOR
NUMERO DEL TRABAJO
TELEFONO
DOMICILIO

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USTED FIRMO UN PACTO EL DIA _____ PARA REEMBOLSAR AL CONDADO DE SAN DIEGO TODOS LOS BENEFICIOS RECIBIDOS DE LA ASISTENCIA GENERAL (GR). LA OFICINA DE RENDIMIENTO Y COBRANZA (OFFICE OF REVENUE AND RECOVERY) DEL CONDADO DE SAN DIEGO SE COMUNICARA CON USTED DENTRO LOS PROXIMOS SESENTA (60) DIAS A PARTIR DE LA FECHA DE ESTA NOTIFICACION. SI NO SE HAN COMUNICADO CON USTED DENTRO DE LOS SESENTA (60) DIAS PARA HACER ARREGLOS DEL REEMBOLSO, USTED PUEDE LLAMARLES AL (619) 515-6200. EL DOMICILIO DE ELLOS ES 9150 CHESAPEAKE DRIVE, SUITE 200, SAN DIEGO, CA 92123. **FAVOR DE NO COMUNICARSE CON LA OFICINA DE RENDIMIENTO Y COBRANZA ANTES DE LOS SESENTA (60) DIAS DE HABER RECIBIDO ESTA NOTIFICACION PORQUE ELLOS NO TENDRAN SUS ARCHIVOS Y NO PODRAN ATENDERLE.**

LA INFORMACION ADJUNTA INDICA LA CANTIDAD QUE USTED RECIBIO, CANTIDADES ACREDITADAS, Y LA CANTIDAD QUE DEBE. CANTIDADES ADICIONALES PUEDEN SER INCLUIDAS SI USTED TIENE DEUDAS SIN PAGAR POR OCASIONES ANTERIORES QUE USTED HAYA RECIBIDO AYUDA.

SI USTED NO ESTA EN ACUERDO CON LA CANTIDAD QUE SE DEBE, PUEDE SOLICITAR UNA AUDIENCIA.

COMO SOLICITAR UNA AUDIENCIA

SOLAMENTE TIENE 10 DIAS A PARTIR DE LA FECHA DE ESTA NOTIFICACION PARA SOLICITAR UNA AUDIENCIA. SU TRABAJADOR PUEDE AYUDARLE A SOLICITAR UNA AUDIENCIA.

PARA SOLICITAR UNA AUDIENCIA, ESCRIBA O LLAME A "GR CALENDAR CLERK" DE LA SECCION DE APELACIONES DE LA AGENCIA DE SALUD Y SERVICIOS HUMANOS.

GR CALENDAR CLERK
4990 VIEWRIDGE AVENUE
SAN DIEGO, CA 92113
TELEFONO (858) 514-6887

SI SOLICITA UNA AUDENCIA, USTED TIENE EL DERECHO DE REVISAR SU ARCHIVO, REVISAR LAS POLIZAS QUE EL CONDADO UTILIZO EN SU CASO, LLEVAR TESTIGOS, PRESENTAR SUS ARGUMENTOS, CONTRAINTERROGAR A TESTIGOS DEL CONDADO, Y LLEVAR A ALGUIEN QUIEN LO REPRESENTA A USTED EN LA AUDIENCIA. PARA PEDIR AYUDA LEGAL GRATUITA, LLAME A LEGAL AID SOCIETY AL (877) 534-2524.

DEBE DE SER PUNTUAL A SU AUDIENCIA. SI LLEGA MAS DE 15 MINUTOS TARDE, PUEDE PERDER SU CASO. SI NO PUEDE ASISTIR A SU AUDIENCIA, DEBE DE LLAMAR PARA POSPONERLA.